

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000885-

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 2

STATE FILE NUMBER

FILED JAN 14 1963

1. PLACE OF DEATH

a. COUNTY

COOPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

BOONVILLE

Length of stay in lb

5 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. JOSEPH'S HOSP

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

VA.

b. COUNTY

ARLINGTON

c. CITY
OR TOWN

ARLINGTON

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
5725 1st ST. SouthReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ROBERTA

Middle

Last
RECH4. DATE
OF DEATHMonth Day Year
JAN 7 1963

5. SEX

FE

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/19/70

9. AGE (last birthday)

92

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

KANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

BENONA CLIFTON

13b. MOTHER'S MAIDEN NAME

JOLIA BOLLINGER

14. NAME OF HUSBAND OR WIFE

HENRY RECH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

CARRIETTA RECH

Address
ARLINGTON, VA.18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Brain Contusion

INTERVAL BETWEEN
ONSET AND DEATH

100 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))

Skull fracture, nasal fracture, fracture of wrist, multiple lacerations

PART III. If deceased was female, was there a pregnancy in last 90 days?

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Highway accident

20c. TIME OF
INJURY

Hour Month, Day, Year

6:20

p.m.

1-2-63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

COUNTY STATE

Cooper, Mo.

21. I attended the deceased from 1-3-63 to 1-7-63 and last saw her alive 1-6-63
Death occurred at 1-7-63 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. Williams, M.D.

22b. ADDRESS

Boonville, Mo.

22c. DATE SIGNED

1-7-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-7-63

23c. NAME OF CEMETERY OR CREMATORY

HOWARD CEM.

23d. LOCATION (City, town, or county)

HOWARD, KS

(State)

24. FUNERAL DIRECTOR

B.W. THACHER

ADDRESS

Boonville

25. DATE RECD. BY LOCAL REG.

1/7/63

26. REGISTRAR'S SIGNATURE

S. Hooper

Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10275
28450
3
4 1
5 2
6
7 1
8 2
9 X
10
11027
12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berry W. Shacker

Licensed Embalmer No. 3944

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.